

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27402
381

1. PLACE OF DEATH

County St. Francis
Township Leadington
City Leadington

Registration District No. 174
Primary Registration District No. 60150

File No. 381
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Roy Lawrence Coleman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds CO Mo

13. NAME Odus Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford CO Mo

15. MAIDEN NAME James Shevill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds CO Mo

17. INFORMANT Odus Coleman (ADDRESS) Leadington Mo

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery DATE 8-14

19. UNDERTAKER Baldwell Bros (ADDRESS) Leadington Mo

20. FILED Sept 3 1933 W. J. Bryan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on 8-12-33 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Heat stroke
Caused from sun
Exertion (wrestling)
Date of onset: 3:45

Other contributory causes of importance: 191

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) Rella Cozear Corbett
(Address) Leadington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

